

County of HENNEPIN

Township of

Village of

City of

FULL NAME OF CHILD

Reg. District No. No. in Registration Book

(Above numbers to be filled in only by local registrar or his deputy)

(No. 4633 First Ave. So. St. 13th Ward)

Sex of child Female

Twin, triplet, or other?

No. in order of birth

Legitimate? yes

Date of birth 1 24 1915

{ If child is not yet named, make supplemental report as directed.

FATHER FULL NAME Albert James Erwin

POST OFFICE ADDRESS 4633-1st Ave. So.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE St. Peter, Minn.

OCCUPATION R. R. Clerk

Number of children born to this mother, including present birth 2

MOTHER FULL MAIDEN NAME Sarah E. Chase

POST OFFICE ADDRESS 4633-1st Ave. So.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Deer Creek, Minn.

OCCUPATION Housewife

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., must make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Schmitt, M.D.

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT.

(Cross out words which do not apply)

Address 311- Reid Corner

Given name added from a supplemental report

(Signature) REGISTRAR.

Filed JAN 27 Recd 19 Address

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

December 31, 1991

Fredrick L. Kung
State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL